

## CDM-MOC-FORM: ANNEX 1

This annex is required at the 'request for registration' stage only and is submitted by the validating DOE together with CDM-MOC-FORM ("Modalities of communication statement").

| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS                                                             |                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Title of the project / programme of activities</b>                                                              | Distribution of Improved cook stove - Phase 25                                                                     |
| <b>Project / programme of activities reference number:</b><br>(if available)                                       | 9498                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                                                  |                                                                                                                    |
| <b>Name of entity:</b><br>Vitol S.A.                                                                               |                                                                                                                    |
| <b>Address:</b><br>Boulevard du Pont, D'Arve 28<br>CH 1205 Geneva<br>Switzerland                                   |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Switzerland                                                   |                                                                                                                    |
| <b>End-date of participation:</b>                                                                                  | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>                                                             | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                               |
| Last name: Fransen                                                                                                 | Telephone 1:                                                                                                       |
| First name: David                                                                                                  | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                             | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                                | Date (dd/mm/yyyy):                                                                                                 |
| <b>Contact details (alternate authorized signatory):</b>                                                           | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                               |
| Last name: Dunford                                                                                                 | Telephone 1:                                                                                                       |
| First name: William                                                                                                | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                             | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                                | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>M/s G K Energy Marketers Pvt Ltd                                                         |                                                                                                                    |
| <b>Address:</b><br>Lokmanya Nagar, LBS Road, Flat No.- 350, Building No.- 25, Ground Floor<br>411030 Pune<br>India |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>India                                                         |                                                                                                                    |
| <b>End-date of participation:</b>                                                                                  | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>                                                             | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                               |
| Last name: Kabra                                                                                                   | Telephone 1:                                                                                                       |
| First name: Gopal                                                                                                  | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                             | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                                | Date (dd/mm/yyyy):                                                                                                 |